

U.S. Naval Dental Center Europe, Naples, Italy

Perform to Serve Worksheet

SSN:

Last Name:

First Name:

Current Paygrade:

EAOS (YYMMDD):

- | | | | | | | |
|---|-------|-------|-----------|----|----|--|
| 1. Does member have CO's recommendation for reenlistment? | Yes | No | | | | |
| 2. Does member have CO's recommendation for advancement? | Yes | No | | | | |
| 3. Does the member desire to reenlist at this time? | Yes | No | Undecided | | | |
| 4. Is member selected for advancement to the next paygrade? | Yes | No | | | | |
| 5. Did member PNA last advancement exam? | Yes | No | | | | |
| 6. Does member hold critical NEC? | Yes | No | | | | |
| | | | | | | |
| 7. What is the member's "Promotion Recommendation" on the most current regular eval? | SP | PROG | P | MP | EP | |
| 8. What is the member's "Promotion Recommendation" on the previous regular eval? | SP | PROG | P | MP | EP | |
| | | | | | | |
| 9. Does the member intend to reenlist under the STAR program? | Yes | No | | | | |
| 10. Is the member required to reenlist greater than 12 months prior to EAOS due to OBLISERV requirements? | Yes | No | | | | |
| 11. Does member desire to convert to new rate? | Yes | No | | | | |
| | | | | | | |
| 12. If conversion desired, what are members three choices? | _____ | _____ | _____ | | | |